

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1					51		1		
2	1					52		1		
3	1					53		1		
4	1					54		1		
5	1					55		1		
6	1					56		1		
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36	1					86				
37	1					87				
38	1					88				
39	1					89				
40	1					90				
41	1					91				
42	1					92				
43	1					93				
44	1					94				
45	1					95				
46	1					96				
47	1					97				
48	1					98				
49	1					99				
50	1					100				
TOTAL IND.	9					TOTAL IND.				
TOTAL DEP.	51					TOTAL DEP.				
TOTAL CLAIMS	100					TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS